

KENTUCKY WATER PROJECT PROFILE

1. Project Title (use title which will be identifiable by local community):

2. Project Description:

Provide a brief narrative denoting if project relates to source, distribution, treatment, storage or other)

Project Descriptor:

WRIS Project Number (PNUM): *

*This number is assigned by an ADD through the respective Area Water Management Planning Council once the project profile is approved by the Council. This number ties each project to mapped/spatial information in the Water Resource Information System (WRIS). Project profiles without this number AND the required corresponding mapped/spatial information will NOT be accepted.

Project County:

Is it a multi-county project: Yes No

Project Submitted By:

Select the PWSID# from the list below:

Available:

0010082
0010702
0020386
0020956
0030007
0030239
0030660
0040015
0040020
0040223

Include >

< Remove

Selected:

None Selected..

3. Legal Applicant

Legal Applicant:

Water Utility which will own proposed improvements:
(if different from Legal Applicant)

Organizational Structure:

Authorized Official Information

First Name: Last Name: M.I.:
Title:
Street Address Line 1:
Street Address Line 2:
P.O. Box:
City: State: Zip:
County:
Telephone: Ext:
Fax:
Email:

Contact Person Information

First Name: Last Name: M.I.:
Title:
Street Address Line 1:
Street Address Line 2:
P.O. Box:
City: State: Zip:
County:
Telephone: Ext:
Fax:
Email:

Project Administrator Information

First Name: Last Name: M.I.:
Title:
Street Address Line 1:
Street Address Line 2:
P.O. Box:
City: State: Zip:
County:
Telephone: Ext:
Fax:
Email:

Consulting Engineer InformationFirst Name: Last Name: M.I.: Firm: Street Address Line 1: Street Address Line 2: P.O. Box: City: State: Zip: County: Telephone: Ext: Fax: Email: 4. [Project Type \(check all that apply\):](#)

Planning

Design

Construction

Management

5. [Project Alternatives: Please list a minimum of three:](#)a. b. c. 6. [Special Impact\(s\) of Proposed Water Project:](#)a. New service/improve service to unserved underserved householdsb. Number of new jobs: Number of retained jobs:

c. Other beneficial technical, managerial, fiscal impacts: (20 words or less)

d. Does proposed activity relate to public health protection emergency: Yes No

e. Does project involve regionalization: Yes No

f. Number of systems affected/involved: 7. [Median Household Income of Service Area:](#)\$ 8. [Project Start Schedule:](#)

Years 0-2

Years 3-10

Years 11-20

9. [Estimated Funding Sources:](#)Estimated Local Funding Amount \$ Estimated Other Funding Amount (all sources) \$ Total Estimated Project Cost \$ 10. [Project Data - Water \(complete all items which apply to your project\)](#)

a. Is project related to source protection? Yes No

Acres

Cost (\$/acre) Use control (r/c) **Drinking Water Facilities**

b. Is project related to source? Yes No

Number of new surface/spring sources Total MGD Number of new wells Total MGD **Elimination of Public Water Systems through Mergers** Number of systems serving 500 or fewer population Number of systems serving 501-3,000 population Number of systems serving 3,001-10,000 population Number of systems serving 10,001 or greater population**Interconnections** Number of water treatment plants eliminated Number of supplemental potable water supply Number of emergency backup potable water supply**Source Water Quantity and Quality** Number of existing raw water sources replaced Number of existing raw water sources supplemented

Briefly describe why the above items apply to your project:

c. Is project related to water treatment? Yes No

If new or expanded plant, proposed design capacity MGD (as a result of this project)**Project will involve expansion or modification of****Microbiology and Turbidity**

Pre-filtration (CT/Microbial removal)

Filtration (Surface Water Treatment Rule Compliance)

Disinfection Process (CT/Microbial Inactivation)

Best Available Technologies

VOCs IOC's SOC's Radionuclides

Disinfectants Disinfection by-products

Secondary contaminants

d. Is project related to distribution (Extension/Rehab)? Yes No

Check all that apply to your project

Extension Water Tank

Rehab/Improvement Pump Station

Proposed project involves construction of lineTotal linear feet of new line

Line Size (in inches) 2 3 4 6 8 10 greater than 10

Material Ductile Iron PVC PE Other **Project activity improves pressure, as a result of**Replacement of total linear feet of inadequately sized lines total gallons of increased storage due to additional demand

Leaks, Breaks, or restrictive flows due to age

Project activity improves water quality by providing:

Adequate turnover of water

Proper maintenance of disinfection residual

Replacement of total linear feet of lead, copper, asbestos-cement lines

Briefly describe why the above items apply to your project:

e. Management (describe)

f. Other (describe)

g. Date Project was approved by the Area Water Management Planning Council:
